

South Carolina Department of Health and Human Services
BENEFITS INQUIRY

Date: _____

From Caseworker: _____

To: _____

DHHS Address: _____

Telephone/Fax: _____

The person(s) listed below has applied for assistance in South Carolina. He/she recently moved to South Carolina from your state or received benefits in your state. We would appreciate your assistance in determining their eligibility by completing the questions below and returning the form either by fax or by mail in the enclosed self-addressed envelope. Thank you for your promptness.

Case Name: _____

Current Address: _____

Previous Address: _____

Person(s) Included in the Case:

Name:

Date of Birth:

Social Security No.

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Questions To Be Completed By Out-of-State Agency

1. Did any of the persons listed above receive any countable TANF assistance from your state? ☐ Yes ☐ No
(If yes, please complete the following before returning the form.)

Name:

Type of Assistance:

TANF Months Received:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

2. Did any of the persons listed above receive any other assistance (food stamps, Medicaid, child support, etc.) from your agency? ☐ Yes ☐ No (If yes, please complete the following questions before returning the form. If no, please sign and date the form and return it to our office.)

Name:

Type of Assistance:

Date
First Received:

Date
Last Received:

Date
Closed:

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

3. Please provide the amount and source of income and/or resources that were reported in your state.

4. Please supply details or send a copy of information relevant to court-ordered or voluntary child support.

5. Please identify any outstanding claims, recipient disqualifications or sanctions in the case.

6. Do you know of any other information that might affect eligibility in this case?

Your Signature

Your Title

Date